

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 19     | 1/22     |
| FORMALITY REVIEW          | Em       | 927    | 02/07/01 |
| RESPONSE FORMALITY REVIEW | gch      | 6020   | 5-15-01  |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Date  |
|-------|-------|
| 1     | 03/10 |
| 2     | ✓     |
| 3     | ✓     |
| 4     | ✓     |
| 5     | 0     |
| 6     | 0     |
| 7     | 0     |
| 8     | 0     |
| 9     | 0     |
| 10    | ✓     |
| 11    | ✓     |
| 12    | ✓     |
| 13    | ✓     |
| 14    | ✓     |
| 15    | ✓     |
| 16    | 0     |
| 17    | 0     |
| 18    | 0     |
| 19    | 0     |
| 20    | ✓     |
| 21    |       |
| 22    |       |
| 23    |       |
| 24    |       |
| 25    |       |
| 26    |       |
| 27    |       |
| 28    |       |
| 29    |       |
| 30    |       |
| 31    |       |
| 32    |       |
| 33    |       |
| 34    |       |
| 35    |       |
| 36    |       |
| 37    |       |
| 38    |       |
| 39    |       |
| 40    |       |
| 41    |       |
| 42    |       |
| 43    |       |
| 44    |       |
| 45    |       |
| 46    |       |
| 47    |       |
| 48    |       |
| 49    |       |
| 50    |       |

| Claim | Date |
|-------|------|
| 51    |      |
| 52    |      |
| 53    |      |
| 54    |      |
| 55    |      |
| 56    |      |
| 57    |      |
| 58    |      |
| 59    |      |
| 60    |      |
| 61    |      |
| 62    |      |
| 63    |      |
| 64    |      |
| 65    |      |
| 66    |      |
| 67    |      |
| 68    |      |
| 69    |      |
| 70    |      |
| 71    |      |
| 72    |      |
| 73    |      |
| 74    |      |
| 75    |      |
| 76    |      |
| 77    |      |
| 78    |      |
| 79    |      |
| 80    |      |
| 81    |      |
| 82    |      |
| 83    |      |
| 84    |      |
| 85    |      |
| 86    |      |
| 87    |      |
| 88    |      |
| 89    |      |
| 90    |      |
| 91    |      |
| 92    |      |
| 93    |      |
| 94    |      |
| 95    |      |
| 96    |      |
| 97    |      |
| 98    |      |
| 99    |      |
| 100   |      |

| Claim | Date |
|-------|------|
| 101   |      |
| 102   |      |
| 103   |      |
| 104   |      |
| 105   |      |
| 106   |      |
| 107   |      |
| 108   |      |
| 109   |      |
| 110   |      |
| 111   |      |
| 112   |      |
| 113   |      |
| 114   |      |
| 115   |      |
| 116   |      |
| 117   |      |
| 118   |      |
| 119   |      |
| 120   |      |
| 121   |      |
| 122   |      |
| 123   |      |
| 124   |      |
| 125   |      |
| 126   |      |
| 127   |      |
| 128   |      |
| 129   |      |
| 130   |      |
| 131   |      |
| 132   |      |
| 133   |      |
| 134   |      |
| 135   |      |
| 136   |      |
| 137   |      |
| 138   |      |
| 139   |      |
| 140   |      |
| 141   |      |
| 142   |      |
| 143   |      |
| 144   |      |
| 145   |      |
| 146   |      |
| 147   |      |
| 148   |      |
| 149   |      |
| 150   |      |

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)